

BUSINESS DECLARATION

Tax Identification No.:

1 Name of Firm: _____

DUNS No.:

2 Address of Firm: _____

3 a. Telephone Number of Firm: _____

b. Fax Number of Firm: _____

4 a. Name of Person Making Declaration _____

b. Telephone Number of Person Making Declaration _____

c. Position Held in the Company _____

5 Controlling Interest in Company ("X" all appropriate boxes)

☐ a. Black American☐ b. Hispanic American☐ c. Native American☐ d. Asian American☐ e. Other Minority (Specify) _____☐ f. Other (Specify) _____☐ g. Female☐ h. Male☐ i. 8(a) Certified (Certification letter attached)☐ j. Service Disabled Veteran Small Business

6 Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions?

☐ a. Yes☐ b. No

(If "NO," provide the name and telephone number of the person who has this authority.)

7 Nature of Business (Specify all services/products (NAIC)) _____

8 (a) Years the firm has been in business _____

(b) No. of Employees _____

9 Type of Ownership:

☐ a. Sole Ownership☐ b. Partnership☐ c. Other (Explain) _____

10 Gross receipts of the firm for the last three years:

a.2. Year
Ending: _____b.2. Gross
Receipts _____a.1. Year
Ending: _____a.3. Year
Ending: _____b.1. Gross
Receipts _____b.3. Gross
Receipts _____11 Is the firm a small business? ☐ a. Yes☐ b. No12 Is the firm a service disabled veteran owned small business? ☐ a. Yes☐ b. No13 Is the firm a socially and economically disadvantaged small business? ☐ a. Yes☐ b. No***I DECLARE THAT THE FOREGOING STATEMENTS CONCERNING*** _____***ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I AM AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS OF 18 USCS 1001.***14. a.
Signature _____

b. Date: _____

c. Typed
Name _____

d. Title: _____